CHI Health

OCCUPATIONAL HEALTH

TUBERCULOSIS SCREENING RECORD

☐ **New Hire** ☐ **Annual** Location: _____

Employee Name	DOB	ID #	Department

Tuberculosis (TB) skin testing involves injecting a small amount of a TB protein/diagnostic antigen just under the skin on the inside of the forearm and sometimes slight bruising appears.

1. Have you ever had a positive tuberculosis (TB) skin and/or blood test?	☐ Yes	☐ No
2. Have you ever had TB infection or disease?	☐ Yes	☐ No
3. Have you ever taken isoniazid (INH) or other medications after a positive TB skin or blood test?	☐ Yes	☐ No
4. Have you had a chest x-ray after a positive TB test? If yes, Date _____ Result _____.	☐ Yes	☐ No
5. Since your last TB update, have you had or are you currently experiencing coughing for > three weeks, loss of appetite, unexplained weight loss, night sweats, bloody sputum or coughing up blood, hoarseness, fever, fatigue, or chest pain?	☐ Yes	☐ No
6. Have you received the BCG vaccine which is an injection given in some countries to prevent TB?	☐ Yes	☐ No
7. Are you immunocompromised or have illness such as cancer, diabetes, HIV, or have history of gastrectomy, organ transplant, or intestinal bypass or body weight ≥ 10% below ideal body weight?	☐ Yes	☐ No
8. Are you taking steroids, cortisone, or other immune lowering medications?	☐ Yes	☐ No
9. Have you had a recent live vaccine, such as MMR (measles/mumps) or Varivax (chickenpox)?	☐ Yes	☐ No
10. Do you have a known allergy to preservatives, natural latex rubber or sensitive to products containing latex ?	☐ Yes	☐ No
11. After reading the provided CDC fact sheet about TB dated _____, I understand the general concepts of TB prevention, transmission, and symptoms.	☐ Yes	☐ No
12. Born in or traveled in another country, not in the United States? List country(s): _____	☐ Yes	☐ No
13. Had contact with person(s) with active TB or foreign-born persons from areas of the world with high prevalence of TB	☐ Yes	☐ No

☐ I authorize CHI Health Occupational Health to provide a TB skin test or blood test today, and **I agree to have the skin test read within the required time of 48-72 hours**. Failure to complete the TB requirements may be a barrier to my job placement.
☐ I **DO NOT** authorize CHI Health Occupational Health to provide a TB skin test or blood test today.

Employee Signature	Date

Date / Time	Forearm Right	Forearm Left	Name of Manufacturer	Manufacturer Lot #	Lot Expiration Date	initials	Date / Time	Results (mm)	Initials

Name/Signature	Initials	Name/Signature	Initials
Name/Signature	Initials	Name/Signature	Initials
Name/Signature	Initials	Name/Signature	Initials

FOR OFFICE STAFF USE ONLY

General indications for Interferon Gamma Release Assay (IGRA) with QuantiFERON-TB test on new hires or at Providers discretion: (see policy for other indications not listed below).

- A previous BCG vaccine.
- A previous documented positive skin test and no history of treatment.
- An employee on significant dose of steroids (i.e. >15 mg prednisone q. day), tnf-α antagonists, etc., and test reaction is ≥5 mm.
- Previous TB treatment and no history of IGRA.
- Previous documented positive skin test and a negative IGRA blood test and works in designated area; others use above questions.

QuantiFERON-TB Date Drawn: _____ QuantiFERON-TB Results: _____

If QuantiFERON-TB positive:

- Order chest x-ray. Date: _____ Results: _____
- Complete MD referral form, attach all test results, and refer to primary care physician after OHS medical staff review.